

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13156

CERTIFICATE OF DEATH

13154
166

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE West Virginia		b. COUNTY Preston			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland,		c. LENGTH OF STAY IN 1b 4 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Brandonville		d. STREET ADDRESS R. D.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Evans Nursing Home				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First W.	Middle Scott	Last Barnes	4. DATE OF DEATH December	Month 1	Day 1, 1957	Year	
S. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 4, 1886	9. AGE (In years last birthday) 71 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools		11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME J. P. Barnes				14. MOTHER'S MAIDEN NAME Amanda Harshberger					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT E. G. Harned		Address Brandonville, W. Va.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)				Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 5 minutes			
				Arteriosclerotic Cardiovascular Disease 10 years and Hypertension					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)					
21. I certify that I attended the deceased from Sept., 1957 to December 1957, that I last saw the deceased alive on Nov. 15, 1957, and that death occurred at 6:10A.M., from the causes and on the date stated above. ACTUAL SIGNATURE Herbert H. Leighton, M.D.						ADDRESS (Street, city or town, state) 77 Oak St. Oakland, Md. DATE SIGNED 1 Dec 57			
PHYSICIAN'S NAME (Type) Herbert H. Leighton, M. D.									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/3/1957		22c. NAME OF CEMETERY OR CREMATORIUM Shady Grove Cemetery near Brandonville, W. Va.		22d. LOCATION (City, town, or county) (State)			
23. FUNERAL DIRECTOR'S SIGNATURE E. G. Harned		ADDRESS Brandonville, W. Va.		24a. REGISTRY REGISTRAR 12/3/57 Julia Brown, Jr.		24b. REGISTRAR'S SIGNATURE Julia Brown, Jr.			

BUREAU V. S.
DEC 4 1957

DEC 4 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8 Film G223 12-30-57 et

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13157

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park		c. LENGTH OF STAY IN 1b 22 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Route # 1		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Lucinda	Middle S.	Last Biser
4. DATE OF DEATH December 12, 1957.	Month 12	Day 12	Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1858 1868
9. AGE (in years last birthday) 89 yrs.	10. IF UNDER 1 YEAR 11. Months 11 12. Days 8 13. Hours 0 14. Min. 0	10. IF UNDER 24 HRS. 11. Months 11 12. Days 8 13. Hours 0 14. Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) Eglon, West Virginia	
13. FATHER'S NAME Aaron Fike		14. MOTHER'S MAIDEN NAME Rebecca Rudolph	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None	
17. INFORMANT		Address Elza Biser, Mt. Lake Park, Maryland. Route #1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerosis</i> DUE TO 450.0 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)			
INTERVAL BETWEEN ONSET AND DEATH 100 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>19 Oct., 1957</i> to <i>9 Dec., 1957</i> that I last saw the deceased alive on <i>17 Dec., 1957</i> , and that death occurred at <i>1:30 A.M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>A.E. Mance M.D.</i> ADDRESS (Street, city or town, state) Oakland, Maryland. DATE SIGNED December 13, 1957			
PHYSICIAN'S NAME (Type) Andrew E. Mance, M.D.		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
22b. DATE THEREOF Dec. 14, 1957		22c. NAME OF CEMETERY OR CREMATORIUM Eglon Cemetery	
22d. LOCATION (City, town, or county) Eglon, West Virginia. (State)		23. FUNERAL DIRECTOR'S SIGNATURE <i>Alvarez</i>	
ADDRESS Terra Alta, W.Va.		24a. REG'D BY REGISTRAR DATE 12/14/57	
		24b. REGISTRAR'S SIGNATURE <i>Julia A. Rowan</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tranit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13:58 CERTIFICATE OF DEATH

13156
166

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		a. STATE Maryland b. COUNTY Garrett		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b Kempton 30 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		x2 Kempton		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Gertrude	Middle May	Last Dragovich	4. DATE OF DEATH	Month Dec.	Day 2	Year 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Sept. 26, 1902	9. AGE (In years last birthday) 55 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
housewife				West Virginia		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Stanley Perchan		Sarah Lamb						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address		
No		None		Donald G. Dragovich, Barberton, O.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute congestive Heart Failure					1/2 hr.	
422.1		DUE TO						
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.		(b)	Aortic valve insufficiency					Unknown
{		DUE TO						
(c)			Arteriosclerotic Cardiovascular Disease					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
19								
21. I certify that I attended the deceased from June 24, 1957, to December 1, 1957, that I last saw the deceased alive on November 16, 1957, and that death occurred at 12:10 P.M. from the causes and on the date stated above.							ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE Herbert H. Leighton, M.D.							77 Oak Street, Oakland, Md. 21205	
PHYSICIAN'S NAME (Type)		Oakland, Maryland					Dec. 5, 1957	
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF 12/5/57		22c. NAME OF CEMETERY OR CREMATORIUM Rose Hill Cem.		22d. LOCATION (City, town, or county) Thomas, W. Va.		
23. FUNERAL DIRECTOR'S SIGNATURE John Deacon		ADDRESS Thomas, W. Va.		24a. REC'D BY REGISTRAR DATE 12/5/57		24b. REGISTRAR'S SIGNATURE John Deacon Jr.		

CERTIFICATE OF DEATH

ORIGIN

DEATH DATE

DEATH PLACE

BUREAU V. S.

DEC 28 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13159 CERTIFICATE OF DEATH

13157

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 and 3 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Garrett, Co., MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Penna. b. COUNTY Somerset Pa. ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Salisbuuy, Pa.		c. LENGTH OF STAY IN 1b 4 weeks	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D.# 1 Salisbury, Pa.		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Meyersdale, Pa., R.D.# 3	
3. NAME OF DECEASED (Type or print) Robert		d. STREET ADDRESS R.F.D.# 3 75X-3	
5. SEX Male		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH May 22, 1885		9. AGE (in years last birthday) 72 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Public	
11. BIRTHPLACE (State or foreign country) Somerset Co., Pa.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alexander Faidley		14. MOTHER'S MAIDEN NAME Malinda Lichtry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 163-14-2474	
17. INFORMANT Mas. Galen Maust- R.D.# 1, Salisbury, Pa.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 490X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO <i>Lobar pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
(c) DUE TO <i>Cardiac decompensation</i> <i>arteriosclerotic heart disease</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Carcinoma upper palate</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ADDRESS (Street, city or town, state)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Nov 18</i> , 1957, to <i>Dec 18</i> , 1957, that I last saw the deceased alive on <i>Dec 16</i> , 1957, and that death occurred at <i>11:15 P.M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) DATE SIGNED <i>Leonard L. Rock</i> M.D. <i>209 North St</i> <i>12/19/57</i>	
ACTUAL SIGNATURE		PHYSICIAN'S NAME (Type) L. L. Rock, M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12-21-57	
22c. NAME OF CEMETERY OR CREMATORY St. Paul Ch. Cem.		22d. LOCATION (City, town, or county) R.F.D.# 3, Meyersdale, Pa. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>H. P. Conkay</i>		ADDRESS Meyersdale, Pa.	
24a. REC'D BY REGISTRAR DATE 12/16/58		24b. REGISTRAR'S SIGNATURE <i>D. J. Keddy</i>	

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 6 1959

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13160

13158

Reg. Dist. No. 166

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Allegany ✓	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park,		c. LENGTH OF STAY IN 1b 11 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kiser Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, 0102-2	
3. NAME OF DECEASED (Type or print) Emma First Cooper Middle Flora Last		4. DATE OF DEATH December 18, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT Harry Kiser Address Mt. Lake Park, Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senility</i> <i>794X</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Starvation</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>12/7</i> , 19 <i>55</i> , to <i>12/17</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>12/17</i> , 19 <i>57</i> , and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>James H. Feaster Jr.</i> ADDRESS (Street, city or town, state) <i>582-1st St. Oakland, Md.</i> DATE SIGNED <i>12/18/57</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/20/1957	22c. NAME OF CEMETERY OR CREATOR Warfords Presbyterian
22d. LOCATION (City, town, or county) Warfordsburg, Penna. (State)			
23. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Leighton</i>		24a. REC'D BY REGISTRAR • DATE <i>12/19/57</i>	24b. REGISTRAR'S SIGNATURE <i>Julia L. Rowan L.R.</i>
ADDRESS Oakland, Md.			

DEPARTMENT OF DEFENSE - MILITARY INFORMATION SYSTEMS

CONTINUATION OF DATA

BUREAU Y-5

M 6 1958

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13159

13161

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett		STATE MARYLAND Maryland.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Deer Park,		LENGTH OF STAY (in this place) 79 yrs.	COUNTY Garrett
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Mi. So. Deer Park, Md.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural Deer Park, STREET ADDRESS (If rural give location) 7 Mi. So. Deer Park, Md.	
3. NAME OF DECEASED (Type or Print) Elmer		4. DATE OF DEATH Dec. 28, 1957	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 15, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland.
13. FATHER'S NAME Thomas K. Harvey		14. MOTHER'S MAIDEN NAME Susan Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. Mrs. Elmer Harvey	
17. INFORMANT & ADDRESS F. D.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE Antecedent cause(s) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		Pulmonary Edema Acute Arteriosclerotic Cardiovascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diarrhea		15 years 1 hr. 2 days	
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, factory, OF INJURY street, office bldg., etc.) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) 21f. HOW DID INJURY OCCUR?	
March 1957, 10:00 A.M.		21e. ADDRESS (Street, city, town, state) M.D. 77 Oak Street, Oakland, Md. Date 30/157	
22. I hereby certify that I attended the deceased from March 1957, to Dec. 28, 1957, that I last saw the deceased alive on Dec. 20, 1957, and that death occurred at M. from the causes and on the date stated above. SIGNATURE Herbert H. Leighton		DATE SIGNED 1957	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/31/1957	
		NAME OF CEMETERY OR CREMATORIAL White Church Cemetery	
		LOCATION (City, town, or County) Garrett County, Md.	
24. REC'D BY REGISTRAR Julia C. Rowan DATE 12/30/1957		REGISTRAR'S SIGNATURE R.C.R.	
		25. FUNERAL DIRECTOR'S SIGNATURE H. Leighton	
		ADDRESS Oakland, Md.	

J.V.C.

1874

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13162 CERTIFICATE OF DEATH

13162
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Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY GARRETT				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE WEST VIRGINIA					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBELL				c. LENGTH OF STAY IN 18 2 days					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL				e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GORMANIA					
3. NAME OF DECEASED (Type or print)		First TEPHY	Middle WILLIAM	Last LEWIS	4. DATE OF DEATH 12	Month 12	Day 25	Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APRIL 16, 1902		9. AGE (In years (last birthday) yrs. 55	10. IF UNDER 1 YEAR Months 5	11. IF UNDER 24 HRS. Days 0	12. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER				10b. KIND OF BUSINESS OR INDUSTRY COAL MINING		11. BIRTHPLACE (State or foreign country) SWALLOW FALLS, MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ELIOT LEWIS				14. MOTHER'S MAIDEN NAME STELLA LEE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO 232-09-5386		17. INFORMANT		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tercinoma Rectum DUE TO 154X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH 6-11-50
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) OAKLAND, Md.		(County)	(State)
21. I certify that I attended the deceased from Dec 24, 1957 to Dec 25, 1957 , that I last saw the deceased alive on Dec 25, 1957 , and that death occurred at 5:15 AM , from the causes and on the date stated above.									
ACTUAL SIGNATURE <i>Andrew E. Nance</i>	ADDRESS (Street, city or town, state) OAKLAND, Md.				DATE SIGNED 26 Dec 1957				
PHYSICIAN'S NAME (Type) Andrew E. Nance, M. D.		22a. BURIAL, CREMATION, REMOVAL ASPECTS 12/27/1957							
22b. DATE THEREOF 12/27/1957		22c. NAME OF CEMETERY OR CREMATORIUM Fairview Cemetery		22d. LOCATION (City, town or county) near Gorman, Md.					
23. FUNERAL DIRECTOR'S SIGNATURE <i>J.C. Keightley</i>		ADDRESS Oakland, Md.		24a. REC'D BY REGISTRAR Julia C. Rowan		24b. REGISTRAR'S SIGNATURE <i>J.C. Keightley</i>			
VS A15 (4) 15M 9/55		DATE 12/27/1957		DATE 12/27/1957					

SAC-2

1000

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 7 FilmG24 1-13-74 e

13161
13166

13163

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY GARRETT		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) b. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CUPPETT'S NURSING HOME		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First PEARL	Middle S.	Last RALEY
4. DATE OF DEATH	Month DEC.	Day - 30	Year 1957
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL-20-1884
9. AGE (in years last birthday) 73 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS Days 0	12. IF UNDER 24 HRS Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Foreign country) Williams Port, U.S.A.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WILLIAM G. MILLER	14. MOTHER'S MAIDEN NAME ANNA E. CARPENTER	Address	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. Metastatic Carcinoma of Lung DUE TO Carcinoma of Breast DUE TO INTERVAL BETWEEN ONSET AND DEATH 6 hours 2 Years 4 Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Dec 21 , 1952, to Dec 30 , 1952, that I last saw the deceased alive on Dec 28 , 1952, and that death occurred at 12:45 A.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE <i>Herbert H. Leighton</i>	ADDRESS (Street, city or town, state) 77 Oak St. Oakland, Md. DATE SIGNED Dec 31/1952		
PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D.	22. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DEC-31-1952		
22b. DATE THEREOF DEC-31-1952	22c. NAME OF CEMETERY OR CREMATORIUM ROSE HILL MAUSOLEUM, CUMBERLAIRD	22d. LOCATION (City, town, or county) MD	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Stein's Funeral Home Cumberland, Md.	ADDRESS Stein's Funeral Home Cumberland, Md.	240. REG'D BY REGISTRAR JULY 30 1957	24b. REGISTRAR'S SIGNATURE Julian O. Brown
VS A1S (4) 1SM 9/55			ZP



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13164

CERTIFICATE OF DEATH

13162
13166

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY GARRETT		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAYLAND		c. LENGTH OF STAY IN 1b 17 DAYS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY HOSPITAL HOSPITAL		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAYLAND X	
3. NAME OF DECEASED (Type or print) RETINO		4. DATE OF DEATH Month DECEMBER Day 27 Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	B. DATE OF BIRTH 2-2-41
8. ADDRESS 111 E. BURKIN CIR.		9. AGE (In years last birthday) 16 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) CAY. I.D., MARYLAND		12. CITIZEN OF WHAT COUNTRY? UNITED STATES	
13. FATHER'S NAME NOAH D. SCIROCK		14. MOTHER'S MAIDEN NAME CORA BURKIN CIR.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 1P. NOAH D. SCIROCK	
17. INFORMANT ROBERT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (a) 592X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. Maligant Hypertension due to nephritis chronic	
		DUE TO Cerebral	INTERVAL BETWEEN ONSET AND DEATH 4 weeks
		(b) DUE TO 8 years	
		(c) DUE TO 10 years	
19. WAS AUTOPSY PERFORMED? YES		20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Nov. 28 , 19 57 , to Dec 27 , 19 57 , that I last saw the deceased alive on 27 Nov , 19 57 , and that death occurred at OAKLAND , from the causes and on the date stated above. ACTUAL SIGNATURE Andrew E. Pearce, M.D.		ADDRESS (Street, city or town, state) Oakland Md DATE SIGNED 28 Dec 57	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/30/1957	
22c. NAME OF CEMETERY OR CREMATORIUM Slabaugh Cemetery		22d. LOCATION (City, town, or county) (State) Gortner, Garrett Co., Md.	
23. FUNERAL DIRECTOR'S SIGNATURE H. Leyton		24a. REC'D BY REGISTRAR ADDRESS Oakland, Md. DATE 12/30/1957	
		24b. REGISTRAR'S SIGNATURE Julia L. Rowan	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the records prior to burial, cremation, or removal, and in any event within 72 hours after death.

1A.1

80.3

1A.1
80.3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

131636

13165

CERTIFICATE OF DEATH

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY GARRETT		2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND	c. LENGTH OF STAY IN 1b RURAL and give nearest town)	b. COUNTY GARRETT	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		
3. NAME OF DECEASED (Type or print) MARY CATHERINE STANTON		4. DATE OF DEATH Dec. 23 1957	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE-16-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HOMESVILLE W.VA
13. FATHER'S NAME HENRY BARLOW		14. MOTHER'S MAIDEN NAME SARAH ARNS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ROBERT STANTON
		Address OAKLAND MD	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioclerosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterioclerosis - DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 days 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan. 17, 1955 , to Dec. 23, 1957 , that I last saw the deceased alive on Dec. 23, 1957 , and that death occurred at 1013rd St. M., from the causes and on the date stated above. ACTUAL SIGNATURE A.E. Maice PHYSICIAN'S NAME (Type) A.E. Maice, M.D.		ADDRESS (Street, city or town, state) 1013rd St., Oakland, Md. DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF DEC-27-1957	22c. NAME OF CEMETERY OR CREMATORIUM OAKLAND CEMETERY	22d. LOCATION (City, town, or county) OAKLAND (State) MD
23. FUNERAL DIRECTOR'S SIGNATURE Enrrey Bolden		ADDRESS OAKLAND MD	24a. RECD. BY REGISTRAR 19/27/57
			24b. REGISTRAR'S SIGNATURE Dulce G. Rowan

THE V. E.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13-66

CERTIFICATE OF DEATH

13164
66

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page should be detached for use as the burial-transit permit. Then please remove carbon paper. Page 2 and 2 should be filed with
 the record prior to burial, cremation, or removal, and in any event within 72 hours after death.

Page 4

1. PLACE OF DEATH a. COUNTY GARRETT		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND		b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL		d. STREET ADDRESS STAR ROUTE	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First VIRGINIA	Middle	Last THAYER	4. DATE OF DEATH	Month 12	Day 12	Year 1957
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH SEPT. 25, 1864	9. AGE (In years last birthday) 93 , yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME JOSEPH WELCH		14. MOTHER'S MAIDEN NAME MARY JANE WAGNER					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT J.P. THAYER		Address STAR ROUTE - OAKLAND, MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH 4 days							
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) Arteriosclerotic Vascular Disease							
DUE TO (c) Arteriosclerotic Vascular Disease							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) OAKLAND (State) M.D.	
21. I certify that I attended the deceased from Dec. 10, 1957 , to Dec. 12, 1957 , that I last saw the deceased alive on Dec. 12, 1957 , and that death occurred at 4:30 A.M. from the causes and on the date stated above.							
ACTUAL SIGNATURE Herbert H. Leighton ADDRESS (Street, city or town, state) 7700 St. Oakland, Md. DATE SIGNED Dec. 12, 1957							
PHYSICIAN'S NAME (Type) HERBERT LEIGHTON, M.D. OAKLAND, MD.							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF DEC-13-1957		22c. NAME OF CEMETERY OR CREMATORIUM THAYERVILLE CEMETERY		22d. LOCATION (City, town, or county) THAYERVILLE, NEAR OAKLAND, MD. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden ADDRESS OAKLAND MD							
24a. REG'D BY REGISTRAR 12/13/57 24b. REGISTRAR'S SIGNATURE DATE 12/13/57 Julia K. Rowan Jr.							

3. A. 2



13165

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13'67

CERTIFICATE OF DEATH

ITEMS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Garrett		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Friendsville	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Friendsville		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Friendsville		STREET ADDRESS / ---	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Own home							
3. NAME OF DECEASED (Type or Print) George J VanSickle		(First) (Middle) (Last)		4. DATE OF DEATH Dec 21 1957		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/4/1881	9. AGE last birthday 76 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Friendsville Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George H VanSickle		14. MOTHER'S MAIDEN NAME XXXXXXX Elisabeth Sisler					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

✓ IX Immediate cause

(a)...

Squamous cell carcinoma of face

INTERVAL BETWEEN
ONSET AND DEATH

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

10-24-56

20. AUTOPSY?

Yes No

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	(Hour) While at Work	INJURY OCCURRED Not While At work	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10-16, 1956, to 8-7, 1957, that I last saw the deceased

alive on 8-7, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Joseph Alvarez

M.D. Oakland, Md.

Dec. 23, 1957

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/31/57	NAME OF CEMETERY OR CREMATORIAL Blooming RoseCem-	LOCATION (City, town, or county) Garrett MD	(State)
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DATE REC'D BY LOCAL REG.	REG. NO.	REGISTRAR'S SIGNATURE Mrs Ruth F. ...	2. FUNERAL DIRECTOR Elburned Brandonville, W. Va.	ADDRESS
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BUREAU V. S

DEC 27 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13168

CERTIFICATE OF DEATH

13166

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY GARRETT		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE MARYLAND			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND	c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND	d. STREET ADDRESS OAK ST.		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) JOSEPH	First A.	Middle WELLING	4. DATE OF DEATH DEC. 29 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY-30-1882		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OAKLAND MD	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME DAVID WELLING	14. MOTHER'S MAIDEN NAME NANCY KAMPFER	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT <i>Never. Welling Oakland Md</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: -IMMEDIATE CAUSE (a) Ranakilia DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Hypertension DUE TO (c) Heart Failed		INTERVAL BETWEEN ONSET AND DEATH 1 Year			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Tumor			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) OAKLAND	20f. (City or town) OAKLAND	(County) OAKLAND	(State) MARYLAND
21. I certify that I attended the deceased from 1957 , 1957 , to Dec 24 , 1957 , that I last saw the deceased alive on Dec 29 , 1957 , and that death occurred at OAKLAND , M.D., from the causes and on the date stated above. ADDRESS (Street, city or town, state) OAKLAND					
ACTUAL SIGNATURE <i>J W Wenzel</i>	PHYSICIAN'S NAME (Type) J W W WENZEL,	DATE SIGNED <i>Dec 29 1957</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF JAN-1-1958	22c. NAME OF CEMETERY OR CREMATORIUM OAKLAND CEMETERY	22d. LOCATION (City, town, or county) OAKLAND	(State) MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Emory Biedler</i>	ADDRESS OAKLAND MD	24a. REC'D. BY REGISTRAR 3/1/57	24b. REGISTRAR'S SIGNATURE <i>Howard</i>	(ZIP) 21202	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, this form should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the record prior to burial, cremation, or removal, and in any event within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										13167			
13169 CERTIFICATE OF DEATH										Reg. Dist. No.			
1. PLACE OF DEATH a. COUNTY Garrett					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accident, Md.			c. LENGTH OF STAY IN 1b 2 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x2 Accident, Md.			d. STREET ADDRESS /		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION													
3. NAME OF DECEASED (Type or print) HARRIET					First	Middle	Last	4. DATE OF DEATH December 1	Month	Day	Year 19 57		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1862		9. AGE (In years lost birthday) 95 yrs.		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife					10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Allegany Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Henry Kifer					14. MOTHER'S MAIDEN NAME Mary					Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)					16. SOCIAL SECURITY NO. none		17. INFORMANT Carl Whorton, Accident, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cerebral thrombosis DUE TO (c) Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 45 mins.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)						
21. I certify that I attended the deceased from October 1, 1956 , to Dec 1, 1957 , that I last saw the deceased alive on Nov 18, 1957 , and that death occurred at 3:15 P.M. from the causes and on the date stated above.										ADDRESS (Street, city or town, state) M.D. 207 Maple St Friendsville, Md.	DATE SIGNED Dec 4, 1957		
ACTUAL SIGNATURE Milton Tepper													
PHYSICIAN'S NAME (Type) Son J Newman													
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/4/57		22c. NAME OF CEMETERY OR CREMATORIUM Glendale		22d. LOCATION (City, town, or county) Flintstone, Allegany Co., Md.		(State)					
23. FUNERAL DIRECTOR'S SIGNATURE Son J Newman					ADDRESS Grantsville, Md.		24a. REC'D BY REGISTRAR DATE DEC 18 '57		24b. REGISTRAR'S SIGNATURE A. L. Lewis				

CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION

DEC 18 1957

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit permit. There please remove carbon paper. Page 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 13, 14, See Stillbirth Cert for Twin II

13168

13170

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH

a. COUNTY

Garrett

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Oakland

c. LENGTH OF STAY IN 1b

20 Minutes

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

Garrett County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

Maryland

b. COUNTY

Garrett

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

X Accident

d. STREET ADDRESS

Route # 2

e. IS RESIDENCE
ON A FARM?
YES NO

3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

Baby

Boy

Wiley

4. DATE
OF
DEATH

Month
December

Day
11
Year
1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED

WIDOWED DIVORCED

8. DATE OF BIRTH

December
November 11, 1957

9. AGE (in years
lost birthday)
yrs.

IF UNDER 1 YEAR

Months
Days

IF UNDER 24 HRS.

Hours
Min.

20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Oakland, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ray Ulysses Wiley

14. MOTHER'S MAIDEN NAME

Stella Frances Bittinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

"Mother": Mrs. Stella Frances Wiley

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

774X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

Respiratory failure

INTERVAL BETWEEN
ONSET AND DEATH

20 minutes

Immature development (1lb. 4oz)

Delivery at 6 months gestation

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour o. m. p. m. 19

20d. INJURY OCCURRED
While Not while
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from Dec 11, 1957 to Dec 11, 1957, that I last saw the deceased alive on Dec 11, 1957, and that death occurred at 6:15 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

Herbert H. Leighton, M. D.

77 Oak Street, Oakland, Md.

Dec 11, 1957

P.H.

PHYSICIAN'S
NAME (Type)

Herbert H. Leighton, M. D.

Oakland, Maryland

22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORIUM

22d. LOCATION (City, town, or county)

(State)

GRANTSVILLE GARRETTS

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

24a. REC'D BY REGISTRAR

(State)

GRANTSVILLE GARRETTS

Don Norman Grantsville, 12

DATE

(State)

GRANTSVILLE GARRETTS

270430 X V3

BUREAU V. S.

DEC 28 1957

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